



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 1741

<b>SERIAL NUMBER</b> 10/626,761	<b>FILING OR 371(c) DATE</b> 07/24/2003 <b>RULE</b>	<b>CLASS</b> 433	<b>GROUP ART UNIT</b> 1646	<b>ATTORNEY DOCKET NO.</b> 1000-10-C2
------------------------------------	---	---------------------	-------------------------------	--

**APPLICANTS**

James P. Elia, Scottsdale, AZ;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/794,456 02/27/2001 which is a CON of 09/064,000 04/21/1998  
 which is a CIP of 08/837,608 04/21/1997 ABN  
 which is a CIP of 08/326,857 10/21/1994 PAT 5,759,033  
 which is a CON of 08/087,185 07/02/1993 PAT 5,397,235 *CEK*  
 which is a CIP of 08/053,886 04/27/1993 PAT 5,372,503

**\*\* FOREIGN APPLICATIONS \*\*\*\*\****None - CEK*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***  
 01/05/2004

**\*\* SMALL ENTITY \*\***

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> AZ	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 28	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>CEK</i> Examiner's Signature _____ Initials _____				

**ADDRESS**

Gerald K. White, Esq.  
 GERALD K. WHITE & ASSOCIATES, P.C.  
 Suite 835  
 205 W. Randolph Street  
 Chicago, IL 60606

**TITLE**

Method for repairing a damaged portion of a human organ

<b>FILING FEE RECEIVED</b> 447	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
-----------------------------------	---	---